

PART B - FEE(S) TRANSMITTAL

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23565 7590 06/17/2003
KLAUBER & JACKSON
411 HACKENSACK AVENUE
HACKENSACK, NJ 07061



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Karen Garipoli	(Depositor's name)
<i>Karen Garipoli</i>	(Signature)
9/5/03	(Date)

APPLICATION NO. 09/889,534	FILING DATE 08/31/2001	FIRST NAMED INVENTOR Angel Diaz Camena	ATTORNEY DOCKET NO. 2591-1-002	CONFIRMATION NO. 4307
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TITLE OF INVENTION: HIGH-VOLTAGE TRANSFORMER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> YES	\$1300 \$650.00	\$0	\$1300 \$650.00 + .30 = \$680.00	09/17/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAL,ANH T	2832	336-182000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Klauber & Jackson
 2. _____
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Sociedad Espanola De Electromedicina Y
Calidad, S.A.

MADRID, SPAIN

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

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(Date)

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09/09/2003 KBETHEAR 00000089 09889534

01 FC:2501
 02 FC:8001

650.00 op
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